DECONTAMINATION
and
Emergency Response

(Navy Emergency Management Program)

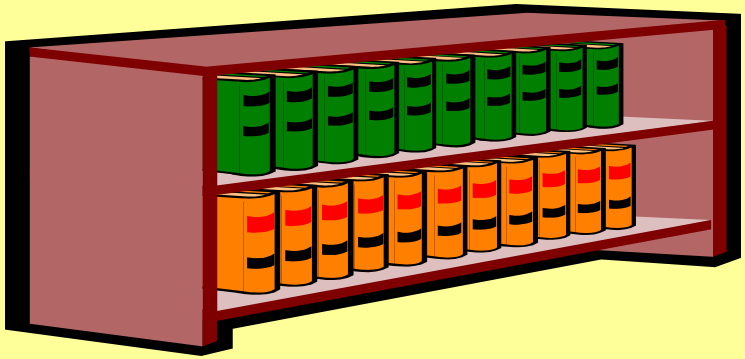
CDR Roland C. Garipay
OPNAV N34 ATFP CBRNE Off

Scope of Navy Emergency Management Program

- Accident/incident, natural disaster, terrorism, and decontamination operations

- Military functions during wartime will be conducted in accordance with applicable Joint or Navy doctrine

References



a. TSWG Best Practices and Guidelines for Mass Personnel Decontamination.

b. JP 4-06, Joint Tactics, Techniques, and Procedures for Mortuary Affairs in Joint Operations, August 1996.

c. NTTP 3-11.24, Multi-Service Tactics, Techniques, and Procedures for Nuclear, Biological, and Chemical Aspects of Consequence Management, July 2001.

d. NFPA Hazardous Materials Response Handbook, 2002.

Responsibilities

a. Naval Air Systems Command (NAVAIR). Establish policies and procedures for decontamination of sensitive avionics equipment.

b. Naval Facilities Engineering Command (NAVFAC)

(1) Develop decontamination equipment requirements for shore installations.

Responsibilities (cont)

c. Incident Commander (IC). Ensure effective containment and control of contaminants and establish decontamination priorities.

d. Environmental. Ensure reporting to regional staff and local regulators.

e. Medical. Ensure decontamination of all casualties prior to treatment at installation medical facilities.

GOAL OF CBRNE TERRORISM/ACCIDENT/INCIDENT DECONTAMINATION

The goal of decontamination is the same whether it
is performed in wartime or in a peacetime response
operation — to limit the spread of contamination
and reduce levels to the greatest extent possible.

The tasks performed do not change, but the

Decontamination Planning

- Directed and coordinated through the ICS).
- Directed toward confinement of the contaminant within the hot zone and the decontamination corridor.
  - runoff control
  - decontamination process and responder personnel
  - countermeasures such as work/rest cycles.
- Plan/determine applicable DECON methods and procedures.

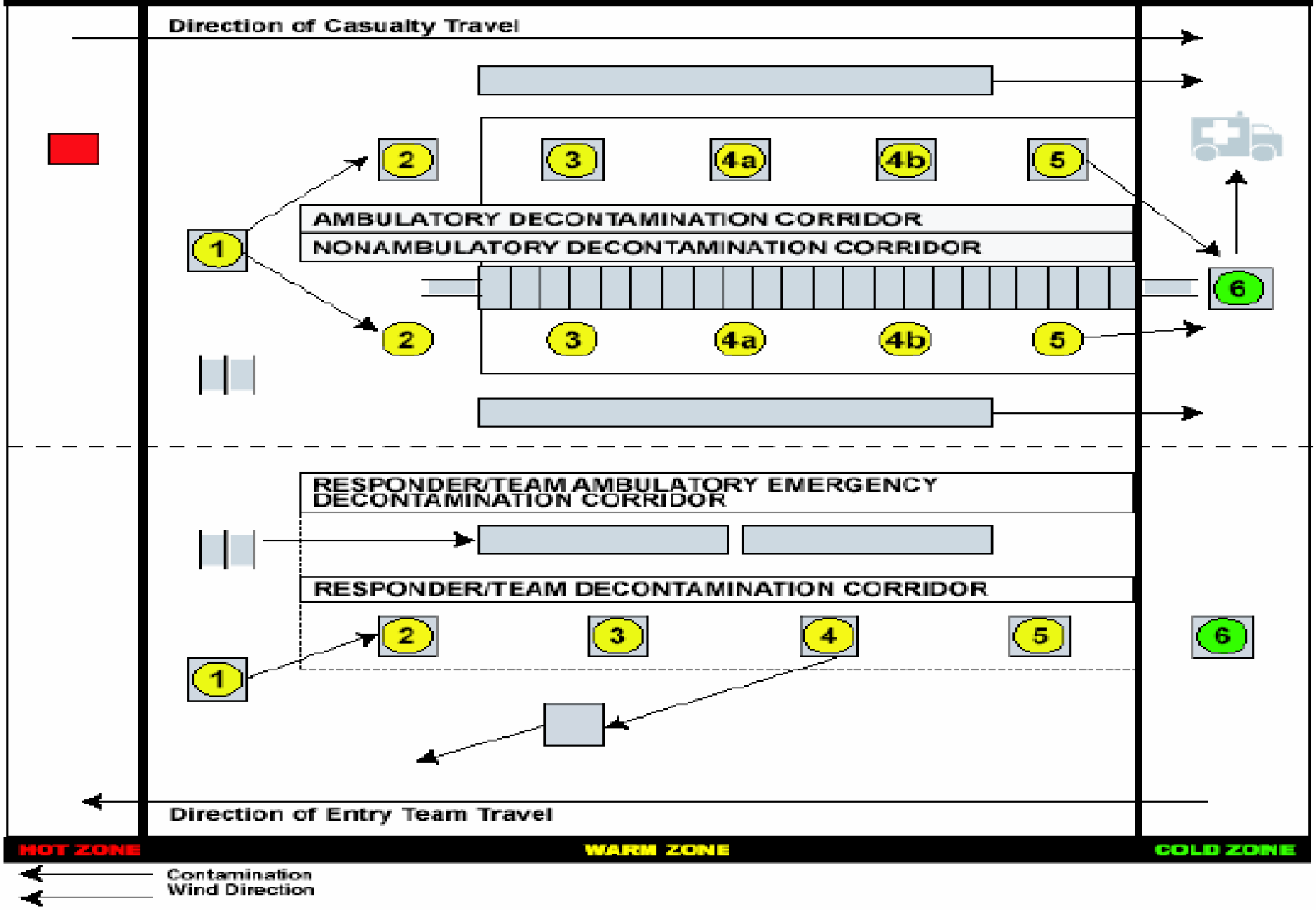
Decontamination Planning (cont)

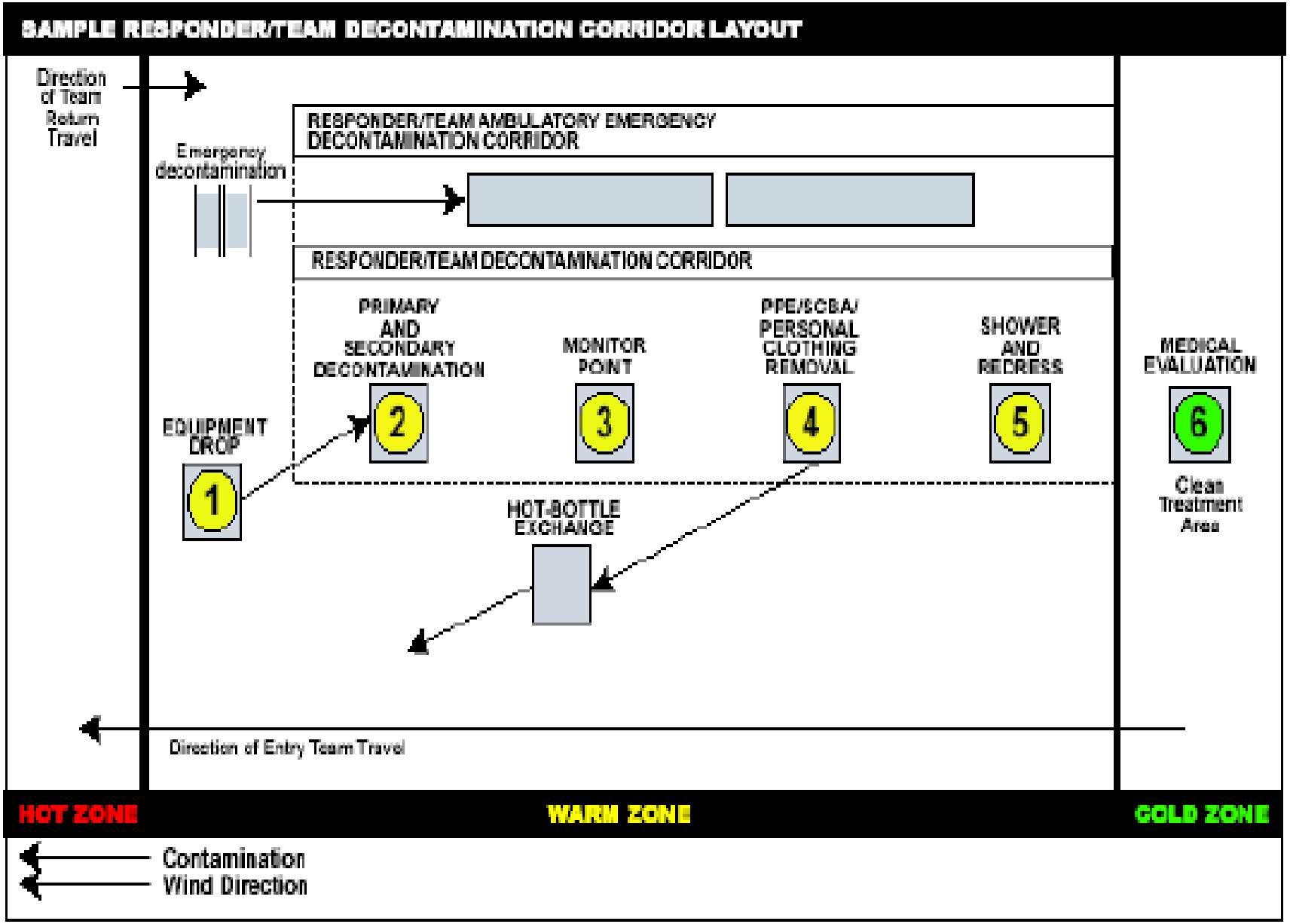
- The basic steps of mass casualty decontamination (emergency procedures) and estimating the total number of personnel to be decontaminated influences the amount of resources used to support decontamination operations.
- Hot Zone entry SHALL NOT be permitted until appropriate decontamination methods are determined and established.

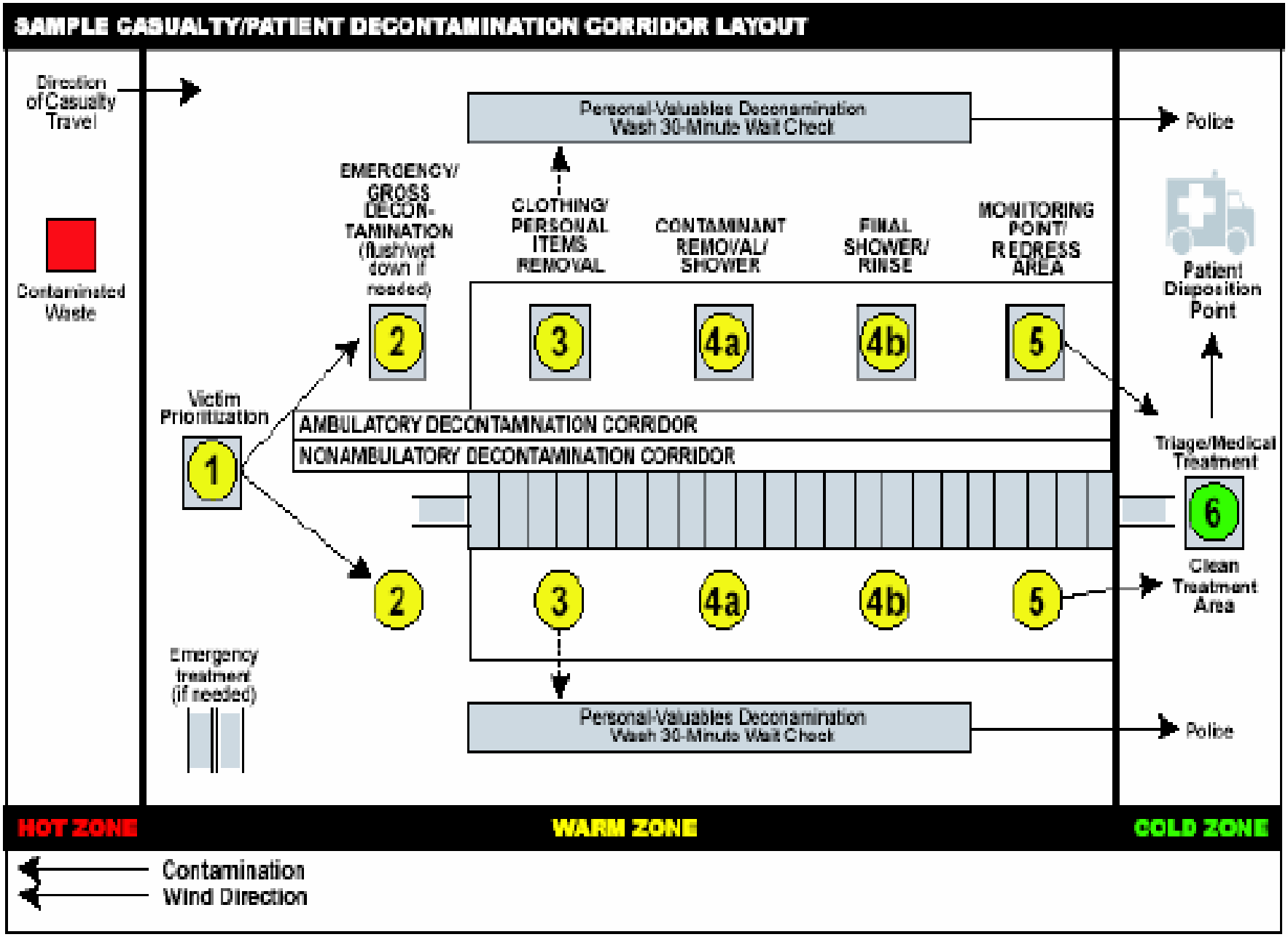
Decontamination Risks

- Responder Safety
- Environmental Liability
- Personal/Organizational Liability
- Damaged Property Liability
- Health Effects
- Cross contamination
- Victim Compliance
- Mortuary Affairs

SAMPLE CASUALTY/PATIENT and RESPONDER/TEAM DECONTAMINATION CORRIDORS LAYOUT




SAMPLE RESPONDER/TEAM DECONTAMINATION CORRIDOR LAYOUT
Direction of Team Return Travel
Emergency decontamination
RESPONDER/TEAM AMBULATORY EMERGENCY DECONTAMINATION CORRIDOR
RESPONDER/TEAM DECONTAMNATION CORRIDOR
PRIMARY AND SECONDARY DECONTAMINATION
MONITOR POINT
PPE/SCBA/ PERSONAL CLOTHING REMOVAL
SHOWER AND REDRESS
MEDICAL EVALUATION
EQUIPMENT DROP
1
2
3
4
5
6
Clean Treatment Area
HOT-BOTTLE EXCHANGE
Direction of Entry Team Travel
HOT ZONE
WARM ZONE
COLD ZONE
Contamination
Wind Direction


SAMPLE CASUALTY/PATIENT DECONTAMINATION CORRIDOR LAYOUT
Direction of Casualty Travel
Contaminated Waste
Personal-Valuables Deconamination
Wash 30-Minute Wait Check
Police
EMERGENCY/ GROSS DECON-TAMINATION (flush/wet down if needed)
CLOTHING/ PERSONAL ITEMS REMOVAL
CONTAMINANT REMOVAL/ SHOWER
FINAL SHOWER/ RINSE
MONITORING POINT/ REDRESS AREA
Patient Disposition Point
2
3
4a
4b
5
Victim Prioritization
1
AMBULATORY DECONTAMNATION CORRIDOR
NONAMBULATORY DECONTAMINATION CORRIDOR
Triage/Medical Treatment
6
Clean Treatment Area
Emergency treatment (if needed)
Personal-Valuables Deconamination
Wash 30-Minute Wait Check
Police
HOT ZONE
WARM ZONE
COLD ZONE
Contamination
Wind Direction

Decontamination – Fixed Site Medical Facilities

(1) May be internal or external to the facility.

(a) Provisions for ambulatory and non-ambulatory.

(b) Capture contaminated wastewater.

(c) Sequestration and tracking of victim personal possessions.

(d) Maintenance of acceptable environmental controls in external decontamination facilities.

Decontamination – Fixed Site Medical Facilities (cont.)

(2) Medical Service Support Decontamination Team.

(a) Sufficient personnel/supplies - for 8 hours without augmentation.

(b) Train personnel in hazardous materials at the operations level. Do not require training in control, containment, or confinement operations.

(c) Minimum acceptable level of PPE is OSHA Level C with appropriately filtered Air Purifying Respirators (APR).